



**STATE OF MONTANA  
DEPARTMENT OF CORRECTIONS  
YOUTH COMMUNITY CORRECTIONS**

**WAIVER OF THE RIGHT TO A HEARING**

**IN THE MATTER OF:** \_\_\_\_\_

I, \_\_\_\_\_ signed the attached "Juvenile Parole Agreement" prior to being released from:

\_\_\_\_\_, \_\_\_\_\_  
(Facility Name) (Facility Address)

I, \_\_\_\_\_ have been served a "Notice of Alleged

Violation of Parole Agreement" and I have signed this form to show that I understand my rights.

I, \_\_\_\_\_ have discussed my rights with my attorney.

I, \_\_\_\_\_, understand that I have the right to a due process hearing before a Hearings Officer to determine whether I have violated specific conditions of my parole agreement and whether I should be returned to the youth correctional facility from which I was released or other secure facility.

I, \_\_\_\_\_, waive the right to a hearing. I admit that I am in violation of the specific conditions listed in the attached "Notice of Alleged Violation of Parole Agreement" form. I therefore consent to being returned to:

\_\_\_\_\_, \_\_\_\_\_  
(Facility Name) (Facility Address)

\_\_\_\_\_  
*Youth's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Attorney's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Juvenile Parole Officer's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Hearings Officer's Signature*

\_\_\_\_\_  
*Date*

Copy to: Youth, Attorney, Correctional Facility, Hearings Officer, Parents/Guardians/Custodians or their Representatives